

2,718,480. +
2,573,310. --
000
45,170. *

USER CHARGE SELF MONITORING REPORT

NAME	City of Clifton, Firehouse No. 6	APR 14 2009
ADDRESS	900 Clifton Avenue, Clifton, New Jersey 07013	
FACILITY LOCATION	Firehouse No. 6, 1202 Van Houten Street	INDUSTRIAL DEPARTMENT

RECEIVED
APR 14 2009
INDUSTRIAL DEPARTMENT

NEW CUSTOMER ID / OUTLET ID 03630002-1


OLD OUTLET DESIGNATION:

MONITORING PERIOD					
START			END		
03	01	2009	03	31	2009
MO	DAY	YR	MO	DAY	YR

VOLUME DISCHARGED THIS PERIOD	
45,170	36,060 GALLONS
CU. FT. \times 7.48 = GALLONS	
EFFLUENT METER READING LAST DAY	
THIS PERIOD	2,718,480

[illegible][illegible]

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE		TELEPHONE NUMBER
	Thomas DeMichele/ Project Supervisor		973-240-1800 x19
			DATE: 4/13/99

Accutest Laboratories

Report of Analysis

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Client Sample ID: FH-EFF-0309
Lab Sample ID: JA14008-1
Matrix: AQ - Effluent
Project: City of Clifton, NJ

Date Sampled: 03/12/09
Date Received: 03/12/09
Percent Solids: n/a

General Chemistry

Analyte	Result	RL	Units	DF	Analyzed	By	Method
BOD, 5 Day	3.4	2.0	mg/l	1	03/13/09 18:55	MJC	SM20 5210B
HEM Petroleum Hydrocarbons	< 6.3	6.3	mg/l	1	03/30/09	MG	EPA 1664A

RL = Reporting Limit



Accutest Laboratories Sample Receipt Summary

Accutest Job Number: JA14008 Client: _____ Immediate Client Services Action Required: No
 Date / Time Received: 3/12/2009 Delivery Method: _____ Client Service Action Required at Login: No
 Project: _____ No. Coolers: 1 Airbill #s: _____

Cooler Security

Y or N

- | | | | | | |
|---------------------------|-------------------------------------|--------------------------|-----------------------|-------------------------------------|--------------------------|
| 1. Custody Seals Present: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. COC Present: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Custody Seals Intact: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Smpl Dates/Time OK | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Cooler Temperature

Y or N

- | | | |
|------------------------------|-------------------------------------|--------------------------|
| 1. Temp criteria achieved: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Cooler temp verification: | <u>Infrared gun</u> | |
| 3. Cooler media: | <u>Ice (bag)</u> | |

Quality Control Preservation

Y or N

- | | | |
|---------------------------------|-------------------------------------|--------------------------|
| 1. Trip Blank present / cooler: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Trip Blank listed on COC: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Samples preserved properly: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. VOCs headspace free: | <input type="checkbox"/> | <input type="checkbox"/> |

Sample Integrity - Documentation

Y or N

- | | | |
|--|-------------------------------------|--------------------------|
| 1. Sample labels present on bottles: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Container labeling complete: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Sample container label / COC agree: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Sample Integrity - Condition

Y or N

- | | | |
|----------------------------------|-------------------------------------|--------------------------|
| 1. Sample recvd within HT: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. All containers accounted for: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Condition of sample: | <u>Intact</u> | |

Sample Integrity - Instructions

Y or N

- | | | |
|---|-------------------------------------|-------------------------------------|
| 1. Analysis requested is clear: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Bottles received for unspecified tests | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Sufficient volume recvd for analysis: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Compositing instructions clear: | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Filtering instructions clear: | <input type="checkbox"/> | <input type="checkbox"/> |

Comments

Accutest Laboratories
V:732.329.0200

2235 US Highway 130
F: 732.329.3499

Dayton, New Jersey
www.accutest.com

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CHAIN OF CUSTODY

PAGE OF E

2235 Route 130, Dayton, NJ 08810
TEL: 732-329-0200 FAX: 732-329-3499/3400
www.ascsent.com

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